

EXHIBIT D

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Inmate/Parolee Signature: _____ Date Submitted: _____

E. Second Level - Staff Use Only

Staff – Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

- ☐ By-passed at Second Level of Review. Go to Section G.
☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____
☐ Cancelled (See attached letter)
☐ Accepted at the Second Level of Review

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)

Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by AC: _____

AC Use Only
Date mailed/delivered to appellant ____/____/____

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

Inmate/Parolee Signature: _____ Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

- ☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____
☐ Cancelled (See attached letter) Date: _____
☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only
Date mailed/delivered to appellant ____/____/____

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Print Staff Name: _____ Inmate/Parolee Signature: _____ Date: _____
Title: _____ Signature: _____ Date: _____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (08/09)

Side 1

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

41626

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
NICKERSON, MICHAEL	F77522	SN-66 LOW	PATTEN COLLEGE

A. Continuation of CDCR 602, Section A only (Explain your issue): ASKED WHAT THE MOVE WAS FOR OFFICER LUPERCIO STATED ONLY THAT I MADE THE LIST. I HAD TOLD HIM THAT IF IT WAS NOT FOR MEDICAL REASONS THE GOVERNOR SAID NO MOVEMENTS UNTIL THE PANDEMIC IS OVER HE WALKED AWAY TO RETURN 2 HOURS LATER AND ASKED IF I WAS STILL REFUSING I SAID YES HE NEVER SAID I WOULD BE WRITTEN UP I FELT I WAS BEING SINGLED OUT DUE TO LITIGATION ABOUT COVID. I ASKED THE IAC WHAT THE MOVES WERE ABOUT HE SAID ADA LOWER TIER/BUNK I DONT HAVE THAT I AM IN S' CUSTODY. AND AS FAR AS THE POPULATION THAT HAS COME BACK FROM BADGER ALL STATED IT IS FILTHY I HAVE ALREADY CONTRACTED COVID AND HAVE LONG TERM EFFECTS THAT I DONT WANT TO BE SUBJECTED TO A DIFFERENT STRAIN OF THE VIRUS FROM NEW INMATES IN BADGER

INMATE GRIEVANCE OFFICE
CALIFORNIA STATE PRISON
SAN QUENTIN, CA 94964
SEP 18 2020

STAFF USE ONLY

Inmate/Parolee Signature: Michael V. Nickerson Date Submitted: 9-15-20

B. Continuation of CDCR 602, Section B only (Action requested): RESOLVED THEN ONE POSITIVE AND EVERYONE REFUSED BUT NO ONE WAS WRITTEN UP, I HAVE PACKED UP EVERYTHING TWICE AND WAS NEVER MOVED THE FIRST TWO TIMES BECAUSE OF THE ORDER THAT TO MY KNOWLEDGE HAS NOT BEEN LIFTED BY GOVERNOR GAVIN NEWSOM.

Inmate/Parolee Signature: Michael V. Nickerson Date Submitted: 9-15-20

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

20-8563

FOR STAFF USE ONLY

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, (CCR) Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):

CDC Number:

Unit/Cell Number:

Assignment:

NICKERSON, MICHAEL

F-77522

SN-66140

PATTEN CARET

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

GENERAL HEALTH CONCERNS

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): AS OF MAY 31

NO CASES OF COVID-19 WERE FOUND AND NOW THERE IS CLUST
TO 500 DUE TO INTAKE FROM CHINO PRISON, THE PROBLEM IS
THE GOVERNOR SAID NO TRANSFERS UNTIL PANDEMIS IS OVER

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD
LIKE TO BE GIVEN ADEQUATE PROTECTIVE GEAR
SUCH AS NEW MASKS, GLOVES, HAND SANITIZER MORE
THAN 2 SHOWERS PER WEEK, SOME FORM OF OUTSIDE

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason :

Inmate/Parolee Signature: Michael V. Nickerson Date Submitted: 6-20-24

By placing my initials in this box, I waive my right to receive an interview.

INMATE APPEALS OFFICE
CALIFORNIA STATE PRISON
SAN QUENTIN, CA 94964

JUN 25 2024

STAFF USE ONLY

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____

☐ Cancelled (See attached letter) Date: _____

☐ Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)

Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____ / ____ / ____



OOG ACKNOWLEDGMENT OF RECEIPT AND CLOSURE OF GRIEVANCE

Offender Name: NICKERSON, MICHAEL V.

CDC#: F77522

Date: 09/21/2020

Current Location: SQ-Facility A

Current Area/Bed: A NB 5066001L

From: Office of Grievances at San Quentin State Prison

Re: Log # 000000041626

The California Department of Corrections and Rehabilitation Office of Grievances at San Quentin State Prison received your grievance on 09/18/2020. Your grievance has not been assigned for review and response because your claim(s) is being handled as specified below.

Claim # 001:

Your claim concerning Offender Discipline; Serious Rules Violation Report is being rejected by Office of Grievances for the reason(s) indicated below:

Your claim concerns an anticipated policy, decision, action, condition or omission by the Department or departmental staff, generally meaning the action has not happened yet. Once a decision or action has taken place and if you are still dissatisfied, you may file a new grievance.

Pursuant to the California Code of Regulations, Title 15 Section 3084.6(b)(1), your appeal concerns an anticipated action or decisions. Such issues are not appealable until it happen. In your grievance you requested that CDCR 115 (RVR) dated 09/10/2020, Log #7028726, Refusing to Accept Assigned Housing, be dismiss. Upon review of the Disciplinary section in SOMS, it was determined the RVR dated 09/10/2020 has not been adjudicated. You are advise to submit an appeal once the 115 has been heard, approved by the CDO and you being provided your final copy. You have 30 days from date of receipt to file an appeal.

This serves as your response by the Office of Grievances. If you are dissatisfied with this response, you may appeal the rejection decision to CDCR's Office of Appeals.

Do not resubmit this claim to the Office of Grievances at San Quentin State Prison.



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

OOG ACKNOWLEDGMENT OF RECEIPT AND CLOSURE OF GRIEVANCE

Offender Name: NICKERSON, MICHAEL V.

CDC#: F77522

Date: 09/21/2020

Current Location: SQ-Facility A

Current Area/Bed: A NB 5066001L

From: Office of Grievances at San Quentin State Prison

Re: Log # 000000041626

The California Department of Corrections and Rehabilitation Office of Grievances at San Quentin State Prison received your grievance on 09/18/2020. Your grievance has not been assigned for review and response because your claim(s) is being handled as specified below.

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Do not resubmit this claim to the Office of Grievances at San Quentin State Prison.

CDCR SOMS OGTT300
OOG ACKNOWLEDGMENT OF RECEIPT AND CLOSURE OF GRIEVANCE

CDCR SOMS OGTT300 - OOG Offender Grievance Receipt Acknowledgement



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

RULES VIOLATION REPORT

CDC NUMBER F77522	INMATE'S NAME NICKERSON, MICHAEL V.	MEPD 03/30/2025	FACILITY SQ-Facility A	HOUSING LOCATION SQ-A - A NB 5 - 066001L
VIOLATION DATE 09/10/2020	VIOLATION TIME 10:30:00	VIOLATION LOCATION SQ-Facility A - HOUSING UNIT		WITH STG NEXUS No
<p>Did the reporting employee ensure the inmate understands (to the best of his/her ability) the consequences of the continued misconduct? N/A</p> <p>Did the reporting employee take into consideration the severity of the inmate's disability and the need for adaptive support services when determining the method of discipline? N/A</p>				
<p>CIRCUMSTANCES OF VIOLATION</p> <p>On Thursday, September 10, 2020, at approximately 1030 hours, while performing my duties as the North Block 5th Officer, Position #221215. I informed Inmate Nickerson (5-NB-66L, CDCR: F77522) that he was to gather his belongings and move to Badger section. Inmate Nickerson stated he did not want to move and refused to report to Badger section. I informed inmate Nickerson that if he refused to accept the new housing assignment, that he would be receiving a rules violation report. Inmate Nickerson again stated that he was not going to move. I informed inmate Nickerson that he will be receiving a rules violation report for refusing to accept a new housing assignment.</p> <p>Officer Lupercio PERNER# 110714</p>				

REPORTING EMPLOYEE M. Lupercio	TITLE Correctional Officer	ASSIGNMENT 221215	RDO S/SU/H	DATE: 09/10/2020
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RVR LOG NUMBER: 000000007028726	VIOLATED RULE NUMBER: 3005(c)
SPECIFIC ACT: Refusing to Accept Assigned Housing-Delaying a PO	

CLASSIFICATION	
LEVEL: Serious	OFFENSE DIVISION: Division D
REFERRED TO: Senior Hearing Officer	FELONY PROSECUTION LIKELY: No

REVIEWING SUPERVISOR S. Arana	TITLE SERGEANT	DATE 09/10/2020
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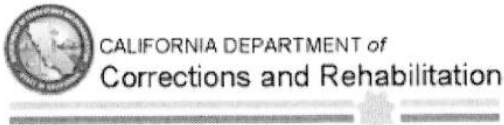
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CDC NUMBER: F77522 NAME: NICKERSON, MICHAEL V. LOG#: 000000007028726

Page 1 of 4

CLASSIFIED BY J. Arnold	TITLE captain	DATE 09/11/2020
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CDCR SOMS ISST120 - RULES VIOLATION REPORT



RULES VIOLATION REPORT

CDC NUMBER F77522	INMATE'S NAME NICKERSON, MICHAEL V.	MEPD 03/30/2025	FACILITY SQ-Facility A	HOUSING LOCATION SQ-A - A NB 5 - 066001L
VIOLATION DATE 09/10/2020	VIOLATION TIME 10:30:00	VIOLATION LOCATION SQ-Facility A - HOUSING UNIT		

INMATE NOTIFICATION		
POSTPONEMENT OF DISCIPLINARY HEARING		
<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE SIGNATURE	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE SIGNATURE	DATE
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE SIGNATURE	DATE
STAFF ASSISTANT		
<input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE SIGNATURE	DATE
INVESTIGATIVE EMPLOYEE		
<input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE SIGNATURE	DATE

CDC NUMBER: F77522 NAME: NICKERSON, MICHAEL V. LOG#: 000000007028726

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